counted at a 5% annual rate. Extensive sensitivity analyses were conducted. **RESULTS:** Over the decade of analysis, a net saving of NLG 3,050 was estimated. The cost of galantamine makes up 5.0% of the total. The model predicts that patients treated with galantamine are expected to spend 10.0% less time receiving home-based FTC and 9.9% less time in a nursing home compared to untreated patients. For every hundred patients starting treatment on galantamine 17.8 person-years of FTC are avoided (14.3 discounted). Secondary analyses of the effect of galantamine on behavioral symptoms estimated an increment in total savings of NLG 4,903. Sensitivity analyses run on key model parameters showed results to be robust. **CONCLUSION:** On average, treatment with galantamine not only provides a considerable health benefit but is also expected to yield savings in the costs associated with mild to moderate AD in the Netherlands.

PPN3

THE IMPACT OF DEMENTIA ON CAREGIVER QUALITY OF LIFE

Gold KF[1], Botteman MF[1], Kemp R[2], Kittner B[2], Pashos CL[1]
[1]Abt Associates Clinical Trials, Bethesda, MD, USA; [2]Aventis, Bridgewater, NJ, USA

BACKGROUND: The prevalence of Alzheimer's disease (AD) and vascular dementia (VD) is expected to rise substantially in the coming decades. As well, the impact of these conditions on caregiver burden and quality of life (QOL) is also expected to increase. **OBJECTIVES:** To (1) determine how the characteristics of patients and their caregivers affects caregiver's QOL, and (2) identify subsets of caregivers disproportionately affected by their patient's disease. **METHODS:** Data were collected cross-sectionally at baseline on 912 pairs of AD/VD patients and their primary caregivers as part of a multinational prospective longitudinal clinical trial. Patient and caregiver demographics, patient CDR and DAD scores were collected, as were caregiver EuroQol (EQ-5D) scores and time spent on caregiving activities. Univariate and multivariate analyses were conducted to determine patient and caregiver characteristics that were particularly associated with low caregiver QOL. **RESULTS:** Patient severity as measured by CDR score was moderately related to caregiver EuroQol score ($p < .05$). Specifically, caregiver EuroQol scores were .84, .78, .76, and .74 for questionable, mild, moderate, and severe dementia (on the CDR), respectively. In a main-effects only regression model, a 4-point and a 7-point reduction in caregiver's EuroQol score was associated with the caregiver being a women and being a spouse/partner of the patient, respectively. When an interaction term between these two variables was introduced into the regression, the main effects of caregiver gender and being a spouse/partner of the patient became insignificant. However, the interaction term, being a woman spouse caring for a patient, was associated with a significant 12-point reduction in EuroQol score. **CONCLUSIONS:** Worse caregiver QOL is associated with more severe patient disease stage and with being a woman caring for a demented spouse. Interventions should thus be planned with special consideration given this potentially more vulnerable set of caregivers.

PPN4

UTILITY ASSESSMENTS OF OPIOID TREATMENT IN THE US, CANADA AND AUSTRALIA FOR PATIENTS WITH CHRONIC NON-MALIGNANT PAIN

Schmier J[1], Palmer C[1], Ingham M[2], Mathur S[1], Dodd S[3], Gourlay G[4]
[1]MEDTAP International Inc, Bethesda, MD, USA; [2]Janssen-Ortho Inc, Toronto, ON, Canada; [3]Janssen Pharmaceutica, Titusville, NJ, USA; [4]Flinders Medical Centre, Bedford Park, Australia

BACKGROUND: Optimal treatment for chronic non-malignant pain (CNMP) is largely a function of patient preferences in balancing pain control with treatment tolerability. **OBJECTIVE:** To estimate utilities for health states associated with CNMP and its treatment with opioids. **METHODS:** 96 CNMP patients (31 Canadian, 33 US, 32 Australian) completed the SF-36™ and assessed health state descriptions and their own current health using the visual analog scale and computer-assisted adaptive conjoint analysis (ACA). The health state descriptions included combinations of: presence/absence of 7 side effects (3 severity levels for each); pain control (5 severity levels); and 2 opioid administration routes. **RESULTS:** On average, subjects were 47 (±13) years, white (95%), female (63%), not living alone (74%), and unemployed (74%). Approximately 75% of subjects in each country were currently experiencing mild to moderate pain; most had arthritic or low back pain. All SF-36™ subscale scores by country were significantly lower than US age- and gender-equivalent norms ($p < 0.05$). Mean utilities did not vary substantially between oral vs. transdermal opioid administration. Overall, mean (±SE) utilities ranged from a maximum of 0.87 ± 0.02 (no pain or side effects) to a minimum of 0.18 ± 0.02 (uncontrolled pain with severe respiratory depression or severe vomiting). Mean utilities for controlled pain with moderate side effects ranged from 0.62 ± 0.02 (mood changes, vomiting, or respiratory depression) to 0.74 ± 0.02 (sweating). Uncontrolled pain without side effects (0.64 ± 0.02) was preferred to well-controlled pain with severe side effects (range: 0.41 ± 0.03 [mood changes, vomiting, or respiratory depression] to 0.54 ± 0.03 [sweating]). **CONCLUSIONS:** Results indicate a patient preference for opioid therapy that causes fewer side effects. Although pain may be extremely debilitating, tolerating pain to avoid opioid side effects may be preferable to controlling pain and experiencing certain opioid side effects. Opioid side effects combined with poorly-controlled pain may result in very low health utility.